



CITY OF SUGAR LAND

NAME CHANGE/CHANGE OF OWNER APPLICATION

DATE: _____

APPLICATION #: _____

ADDRESS AND OCCUPANT INFORMATION

ADDRESS: _____ SUITE: _____

SUGAR LAND, TEXAS _____ ZIP: _____

NAME OF BUSINESS: _____

OWNER/MANAGER: _____ PHONE: (____) _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

PROPERTY OWNER/LEASING AGENCY INFORMATION

OWNER/LEASE AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ DESCRIBE THE USE OF THIS LOCATION: _____

DOES THIS BUILDING HAVE A FIRE SPRINKLER SYSTEM? _____ YES _____ NO

APPLICANT SIGNATURE

DATE

OFFICIAL USE ONLY

<u>DEPARTMENT</u>	APPROVED	REJECTED	INSPECTOR	DATE
BUILDING	_____	_____	_____	_____
FIRE	_____	_____	_____	_____
HEALTH	_____	_____	_____	_____

ZONING DISTRICT: _____ TOTAL OCCUPANCY: _____

APPLICATION REVIEWED BY

APPROVED BY

PERMIT FEE \$15.00